



CAFETERIA PLAN ADVISORS
 – An Alera Group Company –
 120 Longwater Dr., Ste. 102
 Norwell, MA 02061
 Tel: 781-848-9848

Authorization for Pre-Tax Payroll Reduction

Open Enrollment is from Nov. 1 – Nov. 30, 2023.

*** Deadline to Enroll/Re-enroll is 11/30/2023. ***

INSTRUCTIONS: If Already in Plan: *Re-enrollment is NOT automatic!* To enroll for the new plan year via your online account portal, go to cpaemployee.lh1ondemand.com—*not the app*. Log-in on the *left* side of the sign-in screen. Once on your account homepage, click the blue **ENROLL/RE-ENROLL button and follow the steps to enroll; click *Submit* at the end. (We recommend printing or saving your enrollment confirmation.)**

New Enrollees: Complete & return this form to **Human Resources** by the deadline date shown above.

1 Personal Information:

Participant Name: _____ **Employer:** **City of Newton**

Mailing Address: _____ **Plan Year:** **1/1/2024 to 12/31/2024**
(plus 75-day Grace Period for Health Care FSA)

City/Town, State, ZIP: _____ **SSN:** _____ **DOB:** _____

E-Mail: _____ **Daytime Phone:** _____

personal
 work

2 I am a: City employee; paid weekly (52) → **Employee No. (required):** _____

3 Flexible Spending Account (FSA) Benefit Selections:

| | |
|---|--|
| <input type="checkbox"/> HEALTH CARE Election: \$ _____ for the plan year for employee, legal spouse, and eligible dependents' qualified medical, dental, and vision expenses. Annual Max. Election: \$3,050. <i>Benefit card included. Note: You are NOT ELIGIBLE for this plan if you or your spouse contribute to a Health Savings Account ("HSA").</i> | <input type="checkbox"/> DEPENDENT CARE Election: \$ _____ for the plan year for qualified childcare of dependents under age 13 and dependents with special needs (e.g., elder day care). Annual Max. Election: \$5,000. per family. <i>Claim-based reimbursement plan. Must submit claim(s) each plan to receive accrued funds.</i> |
| <input type="checkbox"/> TRANSIT Election: \$ _____ for the plan year for the participant's mass-transit expenses to commute to/from work. Annual Max. Election: \$3,600. (\$300. monthly max.) <i>Benefit card included. Spouse/dependent expenses are not eligible. Not for tolls, taxis, car/ride-hail services (except vanpool). Benefit card draws from your accrued Transit funds.</i> | <input type="checkbox"/> PARKING Election: \$ _____ for the plan year for parking expenses at the participant's place of work or mass-transit lot. Annual Max. Election: \$3,600. (\$300. monthly max.) <i>Benefit card included. Spouse/dependent expenses are not eligible. Benefit card draws from your accrued Parking funds.</i> |
| <p>Note: For Transit & Parking plans, federal law allows up to \$300 per month to be pre-tax; Comm. of Mass. allows up to \$150 per month pre-tax.</p> | |

4 Direct Deposit Info. Direct deposit is our preferred method for claim reimbursement. If your banking info. is not on file with Cafeteria Plan Advisors, please set up direct deposit online via your account portal once you receive enrollment confirmation.

5 Certification. *I hereby authorize a salary reduction agreement for the amount(s) shown above and understand that:*

- Cafeteria Plan Advisors will hold these funds until eligible expenses are incurred and a claim is submitted. FSA expenses must be consistent with allowable deductions under Internal Revenue Service (IRS) Publication 969, and funds may be forfeited in accordance with the same publication if eligible balance isn't incurred and/or submitted for reimbursement by plan year deadline.
- All claims for the Plan Year must be submitted within ninety (90) days of the end of the Plan Year.
- **This election cannot be revoked or changed** during the plan year unless the participant experiences a qualifying event as defined by the IRS.
- **Current participants must enroll each plan year; re-enrollment is not automatic.**
- **Health Care FSA cards**, if offered through your employer's plan, **will reload** at the start of each plan year when you re-enroll; keep until they expire.
- Additional certification for Dependent Care Plan Participants: I understand that the Dependent Care Reimbursement Plan Guidelines can be found at CPA125.com and I qualify to participate in the FSA Dependent Care plan. I agree to notify the plan administrator in writing within 30 days should I experience a change in need or no longer meet the IRS's eligibility criteria. Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- **Tax advice:** It is suggested you consult with a tax advisor to determine your tax savings and/or limits on tax deductions.

➤ **Signature:** _____ **Date:** _____

A system-generated e-mail confirmation will be sent once your enrollment is processed.